

DHS/Mental Retardation Developmental Disabilities Administration

Transmittal Letter No.

Location:

Distribution:

SUBJECT: SAFEGUARDING CONSUMER FUNDS AND POSSESSIONS

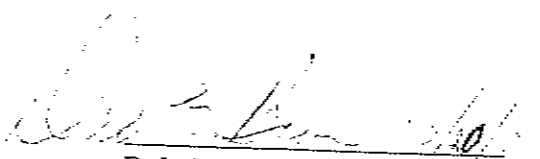
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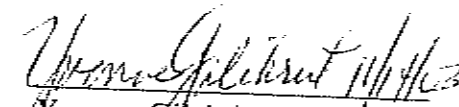
The purpose of this policy is to establish guidelines to safeguard the personal monies and possessions of the consumers for whom services are provided by the District of Columbia Mental Retardation and Developmental Disabilities Administration. This policy establishes that the District of Columbia Department of Human Services (DHS) / Mental Retardation and Developmental Disabilities Administration (MRDDA) has oversight authority in the protection of consumer funds and possessions to include, but not limited to, the monitoring and reporting of allegations of theft.

Amendments:

Attachment 1 – Individual Financial Plan

Attachment 2 – Individual Financial Plan Guide

  
Dale E. Brown      Date  
DHS/MRDDA Administrator

  
Yvonne Gilchrist      Date  
DHS/Director

# **SUBJECT: Safeguarding Consumer Funds and Possessions Policy**

## **I. PURPOSE**

The purpose of this policy is to establish guidelines to safeguard the personal monies and possessions of the consumers for whom services are provided by the District of Columbia Mental Retardation and Developmental Disabilities Administration (MRDDA). This policy establishes that the District of Columbia Department of Human Services (DHS) / Mental Retardation and Developmental Disabilities Administration has oversight authority in the protection of consumer funds and possessions to include, but not limited to, the monitoring and reporting of allegations of theft.

## **II. SCOPE**

This policy applies to employees of MRDDA and individuals and service providers that provide supports to persons with mental retardation and/or other developmental disabilities under the auspices of MRDDA. All paid staff, subcontractors and consultants of such service providers, and volunteers or other persons that provide services and supports on behalf of the persons with mental retardation and other developmental disabilities, are subject to the requirements of this policy.

## **III. AUTHORITY**

The authority of this policy is established in D.C. Code #7-1301 *et seq.*; **Evans v. the District of Columbia**, June 14, 1978; and **Evans v. Williams**, 35 F. Supp. 2d 88, 97 (D.D.C, February 10, 1999).

## **IV. DEFINITIONS**

**Individual Financial Plan (IFP):** A written component of the Individual Support Plan that outlines the consumer's spending plan for the year, which includes expenditures and assets. The plan will declare which individuals (co-signers), if any, will have access to the consumer's account(s) and the manner in which access will be actualized; the Individual Support Plan will define the consumer's ability to manage money as well as the consumer's need for training to increase his/her money management skills.

**Individual Support Plan (ISP):** A written statement developed by a planning team chosen, whenever possible, by the individual with developmental disabilities or his/her guardian. The ISP serves as the single document that integrates all supports a person may receive, and is the primary vehicle for identifying the needs of the consumer, without regard to residency. The ISP integrates the Plan of Care (POC) required by the District of Columbia's Home and Community Based Waiver (HCBS) and the POC is required by Medicaid for nursing homes. The ISP presents the measurable goals and objectives identified as required for meeting the person's preferences, choices, and desired outcomes. The ISP also addresses the provision of safe, secure, and dependable supports that are necessary for the person's well-being, independence, and social inclusion. The IFP, which outlines the spending plan for the individual with developmental disabilities, is included in the ISP.

**Representative Payee:** A representative payee is a person or organization selected by the Social Security Administration (SSA) to receive and administer funds on behalf of a beneficiary of the Social Security Disability Insurance (SSDI) program or a recipient of Supplementary Security Income (SSI) payments.

**Provider:** An individual or organization that provides residential and day and/or vocational supports and services to the consumers served by MRDDA. This definition includes specialized home care (foster care) providers.

## V. POLICY

The representative payee will be proposed at the time the initial ISP meeting is conducted. The ISP addresses the needs of the consumer residentially, behaviorally, financially, medically, socially, etc. Included in the ISP is the Individual Financial Plan, which determines how the funds should be spent and where the money is to be maintained. Efforts will be made by MRDDA to identify family members, conservators, financial guardians, etc. to serve as representative payee for the consumers. Where the Individual Support Plan specifies that the consumer is not capable of managing his/her own financial affairs and no other person/entity is identified, the District of Columbia's Department of Human Services will be the proposed representative payee.

The Individual Financial Plan (IFP) will reflect the information provided in the ISP, regarding the consumer's abilities, needs and preferences. When the representative payee is other than the DHS, and not a provider of services to MRDDA consumers, the establishment of a community bank account will be the responsibility of that representative payee<sup>1</sup>. The Individual Support Plan Team will assist consumers in identifying the least restrictive supports required in the management of their funds according to each consumer's abilities and needs. The IFP will guide the process of safeguarding the individual consumer's assets, income and expenditures.

### A. Access to Funds:

1. Each MRDDA consumer will have access to his or her funds and will have cash on his/her person in accordance with his/her IFP; the amount will be determined by the consumer's ability to manage and the cost of the projected purchases.
2. Each individual consumer for whom the District of Columbia is representative payee, will be afforded protection and a full accounting of the use of his or her funds. All funds, whether statutory benefits or funds received through work or through family gifts, etc., held in the name of the consumer, will be accounted for and available to the consumer for his or her use as identified in the IFP.

### B. Community Banking:

1. As a condition of participation in MRDDA programs, providers will establish, where feasible, individual interest earning community bank accounts for consumers served by MRDDA, where the District of Columbia is Representative Payee. Social Security Administration regulations require that such accounts be opened.
2. According to the regulations of the Social Security Administration, all community accounts will be named in the bank as follows:  
"consumer name by Provider name"  
delegated signer staff person's name  
delegated signer staff person's name
3. The account must require two signatures for withdrawals. When one of the signers leaves his or her position with the provider, the signature card at the bank shall be

<sup>1</sup> Following Social Security Administration regulations.

- amended before, or the next business day, following the day of separation, to remove the departed employee's name and to add a different employee as a designated signer. The provider must notify MRDDA when this is completed.
4. The documentation, i.e. monthly, reports, requisitions on the account and all receipts (including ATM card use) for purchases through this account will ALWAYS include a consumer's complete name and Social Security Number to accurately identify whose dollars are involved. Information specific to each consumer will be maintained in the consumer's records with the provider. When a customer moves from one provider to another, ALL documentation of consumer finances shall be transferred to the new provider.
  5. When an individual consumer's ISP team decides that the total amount of funds, including the balance in the DC Trust account, will consistently remain below the minimum balance required for a bank to offer a "no fee" account for the individual, the team can approve the provider establishing an interest earning community bank account for the number of consumers it will take to stay above the "no fee" minimum balance. All consumers having dollars in a pooled account must have this ISP authorization.
  6. The MRDDA/Bureau of Case Management (BCM), Office of Customer Finances & Benefits (CF&B) will work with the affected providers to ensure that accounts are set up with the proper structure and documentation process. The MRDDA/BCM/Office of CF&B will be the office to monitor and track these "pooled" accounts. The structure of the pooled account will be similar to the D. C. Trust account in the Bank of America. A record of each account will be maintained at MRDDA, with quarterly on site monitoring with the provider's bookkeeper/account, conducted by the CF&B.
  7. Each individual consumer's personal funds are not to be co-mingled with provider funds.

### C. Provider Responsibilities:

1. The residential provider must establish individual, where feasible, interest earning community bank accounts for consumers residing in their home who receive personal allowances from benefits or entitlements or other sources.
2. When it is designated in the ISP/IFP that the consumer requires this level of support in managing his or her finances, the residential provider, company or organization will place their name and the co-signer's name on the consumer's interest earning bank account.
3. The residential provider will have internal policies and procedures for managing and safeguarding consumer funds and possessions, and implementing consumers' IFPs that will include but not be limited to:
  - a. identifying the administrative and program staff responsible for handling and monitoring the expenditure of consumer funds;
  - b. establishment of individual interest earning community accounts for consumers where feasible;
  - c. accounting systems for balancing consumer accounts;
  - d. a system for maintaining documentation (i.e. bank statements, receipts, withdrawal slips, deposit slips etc.) of expenditures made with consumer funds. Records for these accounts will be securely filed and available for examination for three years. After three years, the records can be archived at MRDDA and disposed of after a total of seven years.

- e. reimbursement of consumers for misuse of funds and theft/destruction of consumer possessions in cases where there is substantiated culpability on the part of the provider;
- f. mechanisms for reporting and follow-up of incidents (following the "Incident Management Policy") involving theft, suspected abuse or misuse of consumer funds and possessions;
- g. handling of consumer's cash on hand; and
- h. confidentiality of consumer financial information.

#### **D. Safeguarding Consumer Funds:**

1. MRDDA will monitor the expenditure of consumer funds in accordance with the IFP and will verify purchases made with the funds during regular visits to the various consumers' places of residence. This monitoring of expenditures will occur no less than quarterly.
2. The case manager must record in the Case Notes any expenditure of consumer funds that were not specified in the IFP.
3. MRDDA will follow the Incident Management Policy in cases where the expenditures cannot be reconciled or if a suspicious pattern of withdrawals and expenditures of consumer monies is evident, without proper documentation or justification, is discovered.

### **V. PROCEDURES**

#### **A. Community Banking Accounts**

1. The residential provider will have the authority to spend/disburse on behalf of the consumer up to \$50.00 of the consumer's funds based on the consumer's need or desire to make an immediate purchase or expenditure not listed in the IFP. When this kind of disbursement is made, the residential provider is required to keep documentation of the expenditure and notify the MRDDA case manager within twenty-four hours or the first business day following a weekend or holiday.
2. The residential provider must obtain prior approval by the MRDDA case manager by direct contact or telephonic means when a disbursement in excess of \$50 that is not provided for in the IFP but is desired by the consumer followed the next business day by the backup documentation to the case manager.
3. When a consumer moves into a new residence and when the consumer's funds are received, the residential provider will open within five days an individual interest earning community bank account for the consumer, where feasible.
4. In cases where the consumer already has an interest earning community bank account, the former residential provider will make the necessary arrangements with the new provider to transfer signature authority, if any, within ten days of the consumer moving into the new residence. The arrangements for this transfer will be discussed at the exit conference and documented by the Case Manager in the consumer's record at MRDDA. The Case Manager will follow-up after the ten days to ensure that the transfer of signature authority, if any, has occurred.
5. The residential provider will maintain in the home all original bank statements and receipts. Copies of these banks statements and receipts are to be sent monthly to the OCF&B.

**A. Consumer Cash on Hand/Immediate Access to Funds for Consumers:**

1. When the residential provider maintains cash that belong to the consumers in the residence, the cash must be kept in a secure location. A ledger that identifies by consumer the amount of money, disbursements, and expenditures will be maintained. The funds must be maintained separately from the funds of the providers.
2. The residential provider will be responsible for reimbursing the consumers for cash that is stolen or lost while in the possession of the provider staff. This reimbursement shall take place within twenty-four hours.
3. In cases where consumers want to have money on their person, the IFP, where appropriate, will reflect the amount of money the consumer should have and describe the reasons for the amount agreed upon by the ISP team.

**C. Safeguarding Consumer's Possessions:**

1. The MRDDA Case Manager will verify purchases made on behalf of the consumer and that the purchases are in the possession of the consumer at each monitoring visit, but not less than quarterly.
2. In the case of purchases of \$100.00 and over, the Case Manager will track the date the funds were received; the date the purchase was made and will visit the home within thirty days to verify that the consumer has the purchased item(s) and that they are in his possession.
3. When durable goods are purchased, the Case Manager will verify the purchase and the consumer's possession of the durable item(s), record the serial number of the item(s), description of the item(s) and date of purchase during monitoring visits.
4. MRDDA Quality Assurance (QA) staff will, during regular monitoring visits, verify that purchased item(s) for each consumer remains in the consumer's possession.
5. The residential provider will maintain in each consumer's record a listing of any purchases/services costing \$100.00 and over. This listing will include the date of purchase, the cost of the item(s), a copy of the receipt(s), and the serial number(s) [if applicable].

**D. Suspected Misuse or Abuse of Consumer Funds:**

1. MRDDA/QA will review provider policies and procedures when it monitors the various residential provider facilities and will notify the residential provider in writing as to whether or not the policy meets the requirements stated herein when the exit interview is conducted. If the residential provider's policy does not meet requirements, the residential provider will have thirty days to make any corrections/modifications to the policies. If the corrections/modifications are not made in the time specified, the appropriate legal authority will be notified for enforcement and/or sanctions.
2. When a situation raises the suspicion of residential provider staff, MRDDA Case Manager, consumer, parent, legal guardian, or any other interested party, they will notify MRDDA and follow the MRDDA's Incident Management Policy.
3. Case managers and QA staff will look for patterns of withdrawals or expenditures of under \$100.00 that might indicate that the consumer may be the victim of misappropriation of his/her funds.

# INDIVIDUAL FINANCIAL PLAN

Name

Social  
Security  
Number

Date of IFP

Medicaid  
Number

Residence Type

Medicare  
Number

Funding Source

Day Program  
Type

Funding  
Source

## PART I: Assets and Income

### A. Assets

#### 1. Bank Accounts

Financial Institution  
DC Trust @ Bank of America

Acct. Type  
Checking

Amount

Total in  
Accounts \$0

Note: To enter more than three accounts, Select the row # about the "Total in Accounts" row and from the insert menu choose "Insert" choose "Row above". When you see a "\$0", that is where numbers are entered by the developers or by a formula's calculations.

Is consumer saving for a  
specific purpose?

NO

YES

List item and amount already  
saved

Item

Cost

Amount Saved

\$0

\$0

\$0

\$0

#### 2. Set Asides

a. Is there a DC Trust burial set aside?

NO

YES

Balance/Value

b. Is there a prepaid burial plan? \*            NO            YES  
\*Documents of plan must be on file at  
MRDDA

c. Is there a PASS? \*\*        NO        YES

\*\*An SSA approved plan to achieve self sufficiency

**B. Income:**

1. Projected Income from earnings

Employer

Type of Income

Monthly Amt

Annual Amt

\$0

50

\$0

## 2. Income from benefits

Type of benefit

Monthly Amt

Annual Amt

\$0

\$0

\$0

\$0

**Total Income  
from Benefits**

### 3. Entitlement Statements

a. If consumer is not receiving a benefit, state the reason why.

Type answer here.

b. Note any entitlements not listed above for which this consumer might be eligible.

Type answer here.

**4. Other Income: (Specify Source)**

**Source**

Type

Monthly Amt

Annual Amt

So

\$0

\$0

**Total Income  
from other  
Sources**

**5. Income Summary (Excel will calculate)**

Total from Earnings # 1

Total from Benefits # 2

\$0

\$0

\$0

---  
\$0

**Total Projected  
Income**



## PART II: PROJECTED EXPENDITURES

**A. Projected Expenditures for Plan Year**

[illegible]

Monthly Amt

Annual Amt

**Total Projected  
Monthly PA  
Expense**

**\$0**

**\$0**

**B. Personal purchases that consumer needs or wishes:**  
(Specify)

Item

**Cost**

## Vacation

## Clothing

Birthdays/Christmas Shopping

### Personal Care

Recreational

**Total Personal Purchases**

\$0

**C. Contribution to PASS (if appropriate)**

Monthly Amount

**Amt Per Year**

**Last Year End  
Balance**

\$0

\$0

\$0

**Cumulative  
Total**

\$0

**D. Other projected expenditures for consumer's benefit**

Item

**Cost**

## Burial Set Aside

**Total Other Projected Expenses**

**\$0**

### E. Summary of Projected Expenditures

Total from Personal Allowance/Expenses Sec. A

\$0

|                               |            |     |
|-------------------------------|------------|-----|
| Total from Personal purchases | [REDACTED] | \$0 |
| Sec. B                        | [REDACTED] |     |
| Total from PASS Sec. C        | [REDACTED] | \$0 |
| Total from Other Sec. D       | [REDACTED] | \$0 |
| Total Projected Expenditures: |            | \$0 |

**PART III: PROJECTED Year End Balance**

|                       |     |
|-----------------------|-----|
| Total from Part I: A  | \$0 |
| Total from Part I: B  | \$0 |
| Total from Part II: E | \$0 |
| Projected Balance     | \$0 |

**PART IV**

A. Name of person with overall responsibility for implementation of Individual Financial Plan.

B. Name of person responsible for monitoring expenditures in the Individual Financial Plan.

**V. Expenditures of Consumer Funds During Previous Year**

|  |     |
|--|-----|
| 1. Personal monthly allowance                    |     |
| 2. Cost of Care (per month)                      |     |
| 3. Recreation/Leisure Costs                      |     |
| 4. Clothing costs                                |     |
| 5. Equipment Purchases (electronic, therapeutic) |     |
| 6. Vacation                                      |     |
| 7. Personal Care Items                           |     |
| 8. Other expenditures (Please list)              |     |
| Total of consumer Money Spent:                   | \$0 |

**VI. consumer's Projected Contribution to Cost of Care**  
 Monthly Amount

Annual Amt.

## VII. Consumer Accounts:

Co-Signer:

(Name and  
Telephone  
Number)

(Address)

## VIII. IFP Developers:

The following persons participated in  
the development of this Individual  
Financial Plan:

NAME

RELATIONSH  
IP TO  
Consumer

### Allocation of Expenses By Account\*

| Items                     | Govt. Assist. | Community | Other | Total |
|---------------------------|---------------|-----------|-------|-------|
| A. Insurance              |               |           |       |       |
| Health                    |               |           |       |       |
| Dental                    |               |           |       |       |
| B. Burial                 |               |           |       |       |
| C. Equipment Services     |               |           |       |       |
| D. Medical Ex.            |               |           |       |       |
| E. Residential            |               |           |       |       |
| F. Transportation         |               |           |       |       |
| G. Clothing               |               |           |       |       |
| H. Leisure & Recreation   |               |           |       |       |
| Vacation                  |               |           |       |       |
| Birthday Shopping         |               |           |       |       |
| I. Other                  |               |           |       |       |
| Christmas Shopping        |               |           |       |       |
| Personal Care             |               |           |       |       |
| <b>Total Expenditures</b> | \$0           | \$0       | \$0   | \$0   |
|                           | \$0           | \$0       | \$0   | \$0   |

\*Show which account will make the  
expenditures.

### Report of Income

| Source         | Job/Stipend | Benefit | Other | Total |
|----------------|-------------|---------|-------|-------|
| Monthly Amount | \$0         | \$70    | \$0   | \$70  |
| Year to Date   | \$0         | \$840   | \$0   | \$840 |
| Month          | Earnings    | Benefit |       |       |

# Payments

|              |     |       |
|--------------|-----|-------|
| January      | \$0 | \$70  |
| February     | \$0 | \$70  |
| March        | \$0 | \$70  |
| April        | \$0 | \$70  |
| May          | \$0 | \$70  |
| June         | \$0 | \$70  |
| July         | \$0 | \$70  |
| August       | \$0 | \$70  |
| September    | \$0 | \$70  |
| October      | \$0 | \$70  |
| November     | \$0 | \$70  |
| December     | \$0 | \$70  |
| Yearly Total | \$0 | \$840 |

## Income Summary

Earnings

Benefits

Other

\$0  
\$0

\$0

Total

\$0

## Expenditure Summary

Total from Personal

Allowance/Expenses Sec. A

Total from Personal purchases  
Sec. B

Total from PASS Sec. C

Total from Other Sec. D

\$0

\$0

\$0

\$0

Total

\$0

\$0

Projected Year End Balance

# Individual Financial Plan Guide

## Introduction:

After the ISP team meeting and carefully following the instructions from the team, delegated team members – usually the Case Manager and the QMRP or the House Manager from the residence – complete this form.

**NOTE:** Much of this information can be entered by the Case Manager before the ISP team meeting; usually, the spending plan is what the ISP team works on.

## INDIVIDUAL FINANCIAL PLAN

**Demographic Data:** The information asked for here is critical identifying data. Do **NOT** forget it.

The SSN is critical for properly identifying the consumer and working to manage his benefits.

The Office of Consumer Finances & Benefits is the official source of the accurate SSN.

Enter the information here.

**Name**

**Social Security Number**

**Date of IFP**

When a consumer is a Medicaid recipient, this number authorizes health care providers to provide services and goods. The number is a six digit number. Medicaid also pays the residential costs for residents in ICFs/MR.

The Office of Consumer Finances & Benefits is the official source of the number.

Enter the number here

**Medicaid Number**

Our consumers who are over the age of 65 qualify for Medicare. Social Security Disability Insurance beneficiaries qualify for Medicare after 24 months. The Office of Consumer Finances & Benefits is the official source of the number.

Enter the number here.

**Medicare Number**

The type of residence and funding will be:

| Type   | Funding             |
|--|---------------------|
| Intermediate Care Facility/ Mental Retardation (ICFMR) | Medicaid            |
| Community Residential Facility (CRF)*                  | DC dollars          |
| Out of State Placement                                 | DC dollars          |
| Natural Home   | Medicaid/DC dollars |
| Specialized Home Care (Foster Home)                    | DC dollars          |
| Nursing Home   | Medicaid            |
| Supervised Apartment (SA)                              | DC dollars          |
| Independent Living Setting                             | DC dollars          |
| Hospital   | Medicaid            |
| Mental Hospital  | Medicaid            |
| Respite Setting  | DC dollars          |
| Child & Family Services Administration                 | Medicaid            |
| Institution  | Medicaid            |
| Alcohol/Drug Treatment Center                          | Medicaid            |
| Assisted Living Unit                                   | DC dollars          |
| Room & Board Home                                      | DC dollars          |

\* Please note that as the number of HCBW (waiver) consumers increases and CRFs become Waiver providers Medicaid will fund these.

Enter the type and the funding source for your consumer's residential program

**Residence Type**

**Funding Source**

# Individual Financial Plan Guide

| Type                   | Funding    |
|------------------------|------------|
| Day Treatment          | Medicaid   |
| Vocational             | DC dollars |
| Out of State Placement | DC dollars |
| Supported Employment   | DC dollars |
| Sheltered Workshop     | DC dollars |

Enter the type and the funding source for your consumer's day program.

**Day Program Type**

**Funding Source**

## PART I: Assets and Income

If DC DHS is the receiver of benefits for a consumer, there is an account in the DC Trust managed by the Office of the Chief Financial Officer (OCFO) in DHS. Each month the Payments and Collections Office sends to the Office of Consumer Finances & Benefits a report of the balance in the account at the end of the month. Those reports are available to Case Managers.

Most consumers have community-based checking/savings accounts. The residential provider/family needs to provide the balance in that account.

Enter the information here.\*

### A. Assets

#### 1. Bank Accounts

| Financial Institution      | Acct. Type | Amount |
|----------------------------|------------|--------|
| DC Trust @ Bank of America | Checking   |        |

**Total in Accounts**

\$0\*\*

\* To enter more than three accounts Select a row # above the "Total in Accounts" row and from the insert menu Choose row insert row above.  
 \*\* Where you see a "\$0" numbers will be placed when the developers enter numbers above or to the side or automatically as Excel calculates.

**Is the consumer saving for a specific purpose?**

NO

YES

**List item and amount already saved**

| Item | Cost | Amount Saved |
|------|------|--------------|
|      | \$0  | \$0          |
|      | \$0  | \$0          |

A burial set aside account protects benefit eligibility by removing up to \$1,500.00 plus interest from dollars counted as a resource by SSA for SSI and IMA for Medicaid. If a set aside is established, there is an account in the DC Trust managed by the Office of the Chief Financial Officer (OCFO) in DHS. Each month the Payments and Collections Office sends to the Office of Consumer Finances & Benefits a report of the balance in the account at the end of the month.

Enter the information here.

### 2. Set Asides

|  |    |     |               |
|--|----|-----|---------------|
| a. Is there a DC Trust burial set aside? | NO | YES | Balance/Value |
|  |    |     | \$0           |

**NOTE:** Some consumers have burial set aside accounts in the care of their residential provider. These dollars need to be transferred to the DC Trust Burial Set Aside account.

# Individual Financial Plan Guide

Purchase of a prepaid funeral package, sometimes including a cemetery plot, is another method of protecting benefits by spending resources for these. They will be used when the consumer passes away.

b. Is there a Community burial plan?\*       NO             YES       \$0

\* Ownership documents, contracts and all other business papers must be on file at MRDDA in the Office of Consumer Finances and Benefits.

A Plan to Achieve Self Sufficiency is a Social Security Administration Work Incentive. SSI recipients can write a plan which must contain a "vocational goal," have it approved by SSA and set aside dollars to be used to prepare for self sufficiency. These dollars are not counted as a resource.

c. Is there a PASS?\*\*       NO             YES      

\*\*An SSA approved plan to achieve self sufficiency

Consumers are usually interested in having employment. There are numerous incentives in the SSDI/SSI law and regulations that encourage an SSDI beneficiary and an SSI recipient to go to work. Name the current employer. Determine the type of income. Estimate the monthly and annual amounts. Enter the information here.

## B. Income:

### 1. Projected Income from earnings

Employer

Type of Income

Monthly Amt

\$0

\$0

Total Income from Earnings

Annual Amt

\$0

\$0

\$0

NOTE: SSI consumers who work are required to report earnings on a monthly basis. Not doing so will result in an "overpayment" situation that requires paying back SSI payments. So, estimate the amount and keep track of the actual earnings.

- A large majority of our consumers receive benefits/entitlements from the Social Security Administration.
1. Supplemental Security Income is a cash payment funded by the general revenue fund of the U.S. Government. There are disability requirements and income and resource ceilings. In D.C. a person who qualifies for SSI categorically is eligible for Medicaid.
  2. Social Security Disability Income is an insurance policy benefit payment funded by the Social Security Trust Fund. A consumer qualifies for this benefit through their own work record or that of their parent (retired or deceased). There are disability requirements and an income ceiling. There is no resource ceiling. After 24 months of SSDI benefits, a person is eligible for Medicare. The major medical (Part A) is paid for by the government. The doctors' services (Part B) can be paid for by the beneficiary or DC Medicaid if the consumer has low enough income and resource levels.
  3. Civil Service Retirement, Veterans' Pension benefits, Black Lung program benefits and some others are also potential benefits.

MRDDA consumers for whom the District is the representative payee have their total benefit deposited with DC. A portion is used for room and board and the remainder (\$70.00) goes into the consumer's DC Trust Bank of America account as "personal needs allowance" dollars.

Residents of ICFs/MR who receive SSI payments are sent a \$70.00 payment each month by SSA. The balance of the SSI monthly payment goes to Medicaid as part of the room and board costs.

SSDI benefits adjust upwards at the beginning of each calendar year. SSI payments also rise.

The Office of Consumer Finances & Benefits is the official source of the accurate numbers.

# Individual Financial Plan Guide

Enter the information here.

## 2. Income from benefits

Type of benefit

Monthly Amt

Annual Amt

\$0

\$0

\$0

\$0

Total Income from Benefits

It is important that some consumers qualify for Medicaid, i.e. residents of ICFs/MR. It is beneficial to D.C. that as many consumers as possible qualify for Federal benefits. As a person progresses through life, additional benefits may become appropriate for that person, i.e. Federal Section 8 housing vouchers for a consumer who begins to live independently.

## 3. Entitlement Statements

A consumer may have too many assets, i.e. an estate share or a settlement payment. A consumer may earn too much money through employment. It is important that the IFP and future Case Managers know why a consumer is not receiving a benefit, i.e. a consumer is employed and has health insurance via his employer – the consumer is not qualified for Medicaid. For example: Consumer earns more than \$800.00 per month (SGA) and receives a reduced SSI payment.

Possible entitlements/benefits: Cash: Supplemental Security Income, Social Security Disability Insurance, Civil Service Pension, Veteran's Pension, Railroad Pension, Black Lung Benefits. Services: Medicaid, Medicare, and Transportation. Subsidies: Food Stamps and Housing Vouchers

Enter the information here.

a. If the consumer is not receiving a benefit, state the reason why.

b. Note any entitlements not listed above for which this consumer might be eligible.

## 4. Other Income: (Specify Source)

Source

Type

Monthly Amt

Annual Amt

\$0

\$0

\$0

Total Income from other Sources

## 5. Income Summary (Excel will calculate.)

Total from Earnings # 1

Total from Benefits # 2

Total from Other Sources # 4

\$0

\$0

\$0

\$0

Total Projected Income



# Individual Financial Plan Guide

The ISP team can only make projections about expenses. Knowing the income allows the Team to be able to forecast and plan ahead.  
Enter the information here.

## PART II: PROJECTED EXPENDITURES

### A. Projected Expenditures for Plan Year

#### Monthly Personal Allowance/Expenses

#### Item or Service

Monthly Amt

Annual

Total Projected Monthly PA Expense

\$0

Enter the information here.

### B. Personal purchases that consumer needs or wishes: (Specify)

#### Item

#### Cost

Vacation

Clothing

Birthday/Christmas Shopping

Personal Care

Recreational

Other

Total Personal Purchases

If there is a PASS, list the dollars to be placed into this account this year. Enter the information here.

### C. Contribution to PASS (if appropriate)

Monthly Amount

Amt Per Year

Last Year End Balance

Cumulative Total

\$0

\$0

### D. Other projected expenditures for consumer's benefit

#### Item

#### Cost

Burial Set Aside

Total Other Projected Expenses

\$0

During the planning and throughout the year, the Case Manager should monitor the figures in the accounts and the IFP to ensure that resource ceilings are not exceeded - jeopardizing benefit eligibility.

### E. Summary of Projected Expenditures (Excel will calculate)

Total from Personal Allowance/Expenses Sec. A

Total from Personal purchases Sec. B

Total from PASS Sec. C

Total from Other Sec. D

\$0

\$0

\$0

\$0

Total Projected Expenditures:

\$0

# Individual Financial Plan Guide

## PART III: PROJECTED Year End Balance (Excel will calculate)

|                          |            |
|--------------------------|------------|
| Total from Part I: A     | \$0        |
| Total from Part I: B     | \$0        |
| Total from Part II: E    | \$0        |
| <b>Projected Balance</b> | <b>\$0</b> |

Personal Identities of Residential Provider Staff who supervise and monitor this plan.  
Enter names here.

## PART IV

- A. Name of person with **overall responsibility** for implementation of Individual Financial Plan.
- B. Name of person responsible **for monitoring** expenditures in the Individual Financial Plan.

Compilation of these figures will come from the DC Trust Bank of America account activity and Community-based account activity.  
The Case Manager and the Residential Staff should be able to accomplish this.  
Enter the information here.

## V. Expenditures of Consumer Funds During Previous Year

1. Personal monthly allowance
2. Cost of Care (per month)
3. Recreation/Leisure Costs
4. Clothing costs
5. Equipment Purchases (electronic, therapeutic)
6. Vacation
7. Personal Care Items
8. Other expenditures (Please list)

**Total of consumer Money Spent: \$0**

Consumers contribute to the cost of their care through the benefits they receive. From the benefit payment, \$70.00 is subtracted and placed in the DC Trust bank account for forwarding to the residential provider for the consumer's personal needs allowance. The balance of the benefit is deposited into the cost of care account and applied either to the provider's contract or the Medicaid payment.

## VI. Consumer's Projected Contribution to Cost of Care. (Excel will calculate.)

Monthly Amount

Annual Amt.

Identify the name, address, and telephone number of person(s) having access to consumer's account(s). Whenever a consumer has a checking or savings account in a community financial institution, a co-signer responsible to the consumer's social worker / case manager will be identified. The co-signer should be a family member, however, in the absence thereof, the co-signer may be a social worker, residential provider, or a Qualified Mental Retardation Professional (QMRP).  
Enter information here.

## VII. Consumer Accounts:

Co-Signer:

(Name and Telephone Number)  
(Address)

The identities of the people developing this plan.  
Enter information here.

## VIII. IFP Developers:

NAME

RELATIONSHIP TO Consumer